

21st June 2018

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Dear Parent/Carer

Duke of Edinburgh’s Assessed Expedition – Saturday 8th and Sunday 9th September 2018

We have organised the assessed expedition for the Duke of Edinburgh Bronze Award with overnight camping at Ferrar House, Little Gidding Huntingdon PE28 5 RJ. Contact Number for Ferrar House - 01832 293383.

- **Meeting – Saturday 8th September @ 10am at the Bell Inn, Stilton PE7 3RA. (Please can I advise this is drop off only, use the High street or rear car park).**
- **Collect – Sunday 9th September @ 3pm at Barnwell Village Hall, Barnwell, PE8 5QD. (Please note this is an approximate time only).**

Students will follow their own planned route and will sign in with staff at intervals along the route. They will have mobile phone contact with the staff but must only be used in case of emergency. A kit list will be given to students, as will a **meal planner**. It is important that students abide by the 20 conditions laid down in DofE guide, this will be given to them but is also available on the DofE website www.dofe.org

Students will be required to bring in all their equipment for a full kit check on Wednesday and must have appropriate walking boots in order to be allowed to take part in the expedition. They will also need to plan, within their groups, the food that they will take for the expedition and bring it with them on the day.

Please complete and return the reply slip below to myself by **Friday 20th July**. Should you have any queries about the expedition, please do not hesitate to contact me via my college email: jwaters@elycollege.co.uk

Yours faithfully



Mr J Waters
Duke of Edinburgh Award Co-ordinator



To: Mr J Waters – DofE Award Bronze Assessed Expedition

Student Name Form

Medical/dietary issues affecting my child which may impact on this trip:.....
.....

I agree to my child taking part in the visit outlined above. I acknowledge the need for obedience and responsible behaviour on his/her part. I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the date of the visit.

Signed (Parent/Carer): Date.....

Name in Print

Emergency Telephone Number

